

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |              |          |
|---|-----------------------------------|---|--------------|----------|
| 1 Date of Request: <u>6-29-05</u>                     |                                   | 2 Serial/Patent # <u>10/523196</u>  |              |          |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED | 6 AMOUNT |
|   | Filing                            |   |              | \$       |
|   | Amendment                         |   |              | \$       |
|   | Extension of Time                 |   |              | \$       |
|   | Notice of Appeal/Appeal           |   |              | \$       |
|   | Petition                          |   |              | \$       |
|   | Issue                             |   |              | \$       |
|   | Cert of Correction/Terminal Disc. |   |              | \$       |
|   | Maintenance                       |   |              | \$       |
|   | Assignment                        |   |              | \$       |
|   | Other                             |   |              | \$       |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |              | \$100.00 |
|   |                                   | 8 TO BE REFUNDED BY:  |              |          |
| 10 REASON:  |                                   | Treasury Check  |              |          |
|   | Overpayment                       | Credit Deposit A/C #:   |              |          |
|   | Duplicate Payment                 | , <span style="border: 1px solid black; padding: 2px;">23--0975</span>  |              |          |
|   | No Fee Due (Explanation):         |   |              |          |
| <i>Fee Code Correction</i>                            |                                   |   |              |          |
|   |                                   |   |              |          |
|   |                                   |   |              |          |
| 11 REFUND REQUESTED BY:                               |                                   |   |              |          |
| TYPED/PRINTED NAME: <u>Barbara A. Campbell</u>        |                                   | TITLE: <u>Paralegal</u>   |              |          |
| SIGNATURE: <u>BAC</u>                                 |                                   | <small>Repln. R# <u>PHONE</u> 2005 BCAMPBEL 0019422000<br/> DAW: 230975 Name/Number: 10523196<br/> FC: 9204 \$100.00 CR</small> |              |          |
| OFFICE: <u>PCT/DO/EO</u>                              |                                   |   |              |          |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |              |          |
| APPROVED: _____                                       |                                   | DATE: _____   |              |          |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**